

<b>Case Number:</b>	CM14-0046919		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female who was injured on March 13, 2010. The patient continued to experience intermittent neck pain, low back pain, and bilateral shoulder pain. Physical examination was notable for normal range of motion of the cervical spine and lumbar spine, decreased range of motion of the right shoulder, and decreased sensation to the thumbs and index fingers of both hands. Diagnoses included cervical sprain/strain, lumbar sprain/strain, right rotator cuff tear, and bilateral carpal tunnel syndrome. Treatment included steroid injections in the cervical spine, psychotherapy, acupuncture, and medications. Request for authorization for extra-corporeal shock-wave therapy #6 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Extracorporeal Shockwave Therapy 1 x 6, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shockwave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Thoracic and lumbar : shock wave therapy.

**Decision rationale:** Shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The request is not medically necessary.